Limberlie DAVIS

ndidate's Name (print) O

SSCMBLY Office

District (if applicable)

Contributions in Excess of \$100 or, When Added Together Exceed \$100

CONTRIBUTOR'S NAME AND ADDRESS	DATE(S) OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION(S)	CHECK / IF LOAN	CHECK / IF IN KIND
				·
		/		
		HONE		
				,

Candidate's Name (print)

AUIS ASSEMBLY

Office

District (if applicable)

Contributions of \$100 or less

DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION
		Mone	
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SIMBALIE DAVIS

ndidate's Name (print)

Office

District (if applicable)

Expenses Categories

SSEMBLY

CATEGORIES	CODE	TOTALS
Office expenses	A	
Expenses related to volunteers	В	
Expenses related to travel	С	
Expenses related to advertising	D	
Expenses related to paid staff	E	
Expenses related to consultants	F	1/000
Expenses related to polling	G	
Expenses related to special events	Н	
Goods and services provided in kind for which money would otherwise have been paid	I	
Other miscellaneous expenses	J	

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KIMBERLIE	DAVIS	Assenble	1 34
Candidate's Name (print)	Office		District (if applicable)

Expenses in Excess of \$100

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY	DATE(S) OF EACH EXPENSE	AMOUNT(S) OF EACH EXPENSE
,			
		NONE	
			•

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LIMBERLIE	DAVIS	Ass	EMBLY	34	
Candidate's Name (print)	<u> </u>	Office	Distr	ict (if applicable)	

Expenses of \$100 or Less

DATE OF EACH EXPENDITURE	AMOUNT: OF EACH: EXPENDITURE	CATEGORY		DATE OF EACH EXPENDITURE	AMOUNT OF EACH EXPENDITURE	CATEGORY
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				/	_	·
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